

Sir:

Transmitted herewith for filing pursuant to 35 U.S.C. §111(a), is the patent application of

Inventor(s): Zalevsky et al.

For: A METHOD AND DEVICE FOR ALL-OPTICAL ...

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on July 27, 2001

Signature

Enclosed are:

- (X) 34 pages of specification, including 55 claims and an abstract.
() an executed oath or declaration, with power of attorney.
(X) an unexecuted oath or declaration, with power of attorney.
(X) 7 sheet(s) of informal drawing(s).
() ___ sheet(s) of formal drawings(s).
() Assignment(s) of the invention to _____ and Assign. Recordation Form.
() A check in the amount of \$ _____ to cover the fee for recording the assignment(s) is enclosed.
() Supplemental Information Disclosure Statement; Form PTO-1449 and cited references.
() Claim for Priority and Priority Document
() PCT Request (Courtesy copy)

Fee Calculation For Claims As Filed

a) Basic Fee									\$ 710.00
b) Independent Claims	<u>5</u>	-	3	=	<u>2</u>	x	\$ 80.00	=	\$ <u>160.00</u>
c) Total Claims	<u>55</u>	-	20	=	<u>35</u>	x	\$ 18.00	=	\$ <u>630.00</u>
d) Fee for Multiple Claims							\$270.00	=	\$ - 0 -

Total Filing Fee \$ 1,500.00

- (X) Applicant qualifies for Status as Small Entity, reducing Filing Fee by half to \$ 750.00
- (X) A check in the amount of \$ 572.50 to cover the filing fee is enclosed.

Preliminary Amendment

- () Please insert the following between the title and line 1 of the specification: "This is a continuation of _____".
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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~~By:~~

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